TO DEFUTY MEDICAL EXAMINER: This certificate should be executed wiffin 24 hours after disoth. If any delay is necessory, please executed in the state of the state of the function of the should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you les.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registers prior to burial, cremation. or removol

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist Ne 30 2. USUAL RESIDENCE (Where deceased lived if institution, Residence

1. PLACE OF DEATH o. COUNTY	Danahastan		MARYLAN	n. STATE		re deceased live	d. If institution b. COUNTY,			nistion)
b. CITY OF TOWN	Dorehester	PINEA1	c. LENGTH OF STAY IN 1		Maryla	nide corporate	limite write P	Jorche:		nwa!
and give nearest too	m)	· wante		147			iiiiiiia, wene w	ouve also du		V-1112
d. NAME OF HOSPI	Cambridge	If not in hos	entire life pitol, give street oddress)	d. STREET	Cembrid	ge			le. IS	RESIDENCE
			buck flag suget decreasi	1		. 61			10	A FARM?
	502 Byrn S					n Stree] NO 🖟
3. NAME OF DECEASED	Fire	ıt	Middle	la		DATE OF	Month			Year
(Type or print)	John	I =	Mace	Bramb			otember		/ 4	19
5. SEX	6. COLOR OR RACE		ED A NEVER MARRIED	B. DATE OF BIRT	TH .	9. AG	Cat I h	Months Do		Min.
Male	White	WIDOWE	-	June 28		55	yrı.			
10a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)	done 10b. F	CIND OF BUSINESS OR INDU	ISTRY 11. BIRTHP	LACE (Stote or	foreign country)		12. CITIZEN	OF WHAT	COUNTRY?
	ce Dept.E.S	.S. Moi	spital	Cam	bridge			U	S.	
13. FATHER'S NAME				14. MOTHER'	S MAIDEN NAI	WE				
T.Mil	bourne Bram	ble.Si	r	Sa	llie L.	Mills				
	VER IN U. S. ARMED FO	RCES? 16.		INFORMANT			Address			
No.	[If yes, give war or dotes of		14-07-9677 M	rs.Oneit	a I tro	mble 50	2 Burn	St. C	amhrid	he Md
	ATH Enter only one cou					III DE CO	DJ 4 A4	11	NTERVAL BETY	VEEN
	ATH WAS CAUSED BY:							1	T - a +	
4201	IMMEDIATE CAUSE (o)	_UOI	conary occl	uston					Inst	ant
120.1	DUE TO									
Conditions, if										
(a), stating the										
couse lost.) (c)								1	
PART II, OT	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO	O THE TERMINA	& DISEASE CON	DITION GIVE	N IN PART 1(19. WAS	AUTOPSY ORMED?
Z C									YES 🗌	NO 🔼
200. EXTERNAL CAPRIMARY OF CO	AUSE WAS 20	b. DESCRIBI	HOW INJURY OCCURRED.	(Enter noture of	injury in Port I	or Port II of item	18.)			
20c. TIME OF INJU			1 1	LACE OF INJURY	(Home, farm,	20f. (City or low	n)	(County)	(State)
Hour o, m		While at wo	Not while of work of	city, silver, offic	a nind" airt					
21. I certify	that I took charge	of the	remains described al	ove, held a	n Autopsy	. Inspec	tion X	Inquiry	, and	find that
			Accident , S				rmined co			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
acam reseme			<u>.</u> , , , , , , , , , , , , , , , , , , ,	orered [i ioninicide [i iii iii ca ca			
ACTUAL	41.	2-	- 1	CHIEF	MEDICAL EXAM	IINED T			DATE	SIGNED
SIGNATURE	form		The same of the sa	M.D.	ANT MEDICAL	_				
EXAMINER'S	ohn Mace	Tn 1	U D C W				9/	16/61		
1175776 (17)297					Y MEDICAL EXA					
220. BURIAL, CREMATI	Sept.16,		22c. NAME OF CEMETERY OF Dorchester M			Cambi	City, town, or		(Sto	rte)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			Y REGISTRAR	24b. REGIST	RAR'S SIGNA	TURE	
Germer	4 N. Ou	une	- Cambridge	. Ma	DATESEP	1 9 '61	Chil	us S. th	area	
				- 404		-				

STARROUD LIABRIES TORNING AND STREET The state of the same of the s The state of the s The second second The state of the s

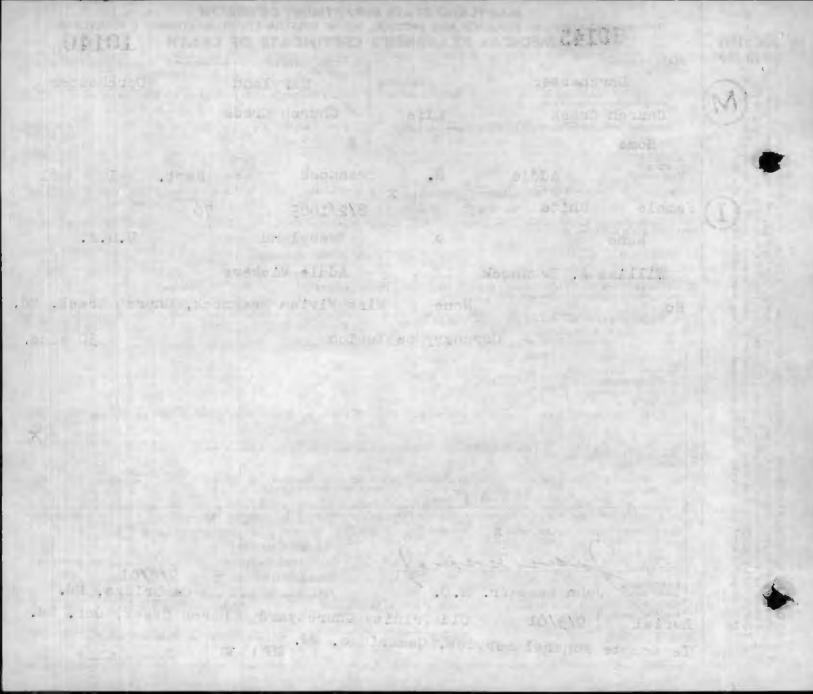
FOR STATE HEALTH DEPT.

Lealth, delay is necessary, eral director. Page files. TO DIF TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after Jeath. If and delay is necephers execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it heral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refamed for your TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72,000 after death.

VS. ATEME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division 4 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10140

1. PLACE OF DEATH	7				-				
Do	•			2. USUAL RESIDEN	VCE (Where de			sidence befor	re edmission)
טע	rchester		MARYLAND	+. STATE	yland	b. COU		chest	er
b. CITY OR TOWN (I	f outside corporete limits,	c. LENG	TH OF STAY IN 16			rate limits, writ			
	give neerest town)	- 1-	TAO-	X Church					
Church		A Z. A	Life						
Home	TAL OR INSTITUTION (if no	я іл позряві, діче	street address;	d. STREET ADDRESS				0	RESIDENCE IN A FARM?
3. NAME OF	First		Middle	Last	4. DATE	Mont	h		ear
(Type or print)	Addie		R.	Brannock	OF DEATH	Sept		1 1	961
5. SEX	6. COLOR OR RACE 7.	MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9.	AGE (In years		EAR IF UND	ER 24 HRS.
Female	White w	/IDOWED [DIVORCED [8/2/1885		76 yrs.	Months De	ys Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	106. KIND OF BL	JSINESS OR INDUS	TRY 11. BIRTHPLACE (State	n or foreign cou	ntry)		EN OF WHA	T COUNTRY?
None	rking life, even if retired)		*	Marylan	nd		U.S	5.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				-
Willia	m A. Brann	ock		Addie V	ickers				
	R IN U.S. ARMED FORCES		ECURITY NO. 17.	INFORMANT		Addres	\$		
NO (It	yesgive wer or detes of service	Non	e M	iss Vivian	Brann	ock. C	hurch	Cree	k. Md
	EATH (Enter only one cau	ise per line for (e),						INTERVAL	
PART I. DEATH	WAS CAUSED BY:		_					ONSET AN	DEATH
11-2	MMEDIATE CAUSE (e)	Corons	ry occl	usion				30	Mins.
4201	DUE TO								
Conditions if any	which > a.								
Conditions, if eny									
geve rise to immedia	ate cause	-							
	ate cause DUE TO								
geve rise to immedia (e), stating the uncause lest.	ele ceuse aderlying DUE TO (c)	NS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE C	CONDITION GIV	VEN IN PART 1	(e) 19. WAS	AUTOPSY
geve rise to immedia (e), stating the uncause lest.	ele ceuse aderlying DUE TO (c)	NS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE C	CONDITION GIV	VEN IN PART 1	PER	FORMED?
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geve rise to immedia (e), steting the uncause lest. PART II. OTHER 20e. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUI Hour e.m.	ate ceuse deriving DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b.	DESCRIBE HOW I	INJURY OCCURED.	(Enter nature of injury In Pe	rt i or Peri II of	itom 1B.)		YES _	FORMED?
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geve rise to immedia (e), steting the uncause lest. PART II. OTHER 20e. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUIT Hour e.m. p.m. 21. I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22e. BURIAL, CREMATIO REMOVAL (SPECIFY)	ste ceuse deriving DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING DEPTH 19 at I took charge of the com: Natural cause John Mace NJ 22b. DATE THEREOF	DESCRIBE HOW I	CCURRED 200. PI fe work Scribed above, I dent , Sui	(Enter nature of injury in Pe LACE OF INJURY (Home, far- ctory, street, office bldg., etc neld an Autopsy, icide, Homicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICAL Address (Street, DR CREMATORY	Inspection Inspection EXAMINER CITY, fown, or ce 22d. LOCATI	or fown) Inqui letermined n R	(County) nanner [] /6/61 abridg	YES PER YES DATE S	(Stete)
geve rise to immedia (e), stelling the uncourse lest. PART II. OTHER 20e. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUIT Hour e.m. p.m. 21. I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22e. BURIAL, CREMOVAL (Specify) BURIAL	ste couse deriving DUE TO (e) SIGNIFICANT CONDITION USE WAS NTRIBUTING DEVICE TO THE PROPERTY Month, Dey, Year 19 at I took charge of the rom: Natural cause John Mace N, 22b. DATE THEREOF 9/3/61	DESCRIBE HOW I	CCURRED 20e. Ple fee work Coribed above, Adent Cori	(Enter nature of injury in Pe LACE OF INJURY (Home, far- lectory, street, office bidg., etc neld an Autopsy, icide, Homicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICAL Address (Street, DR CREMATORY Ty Churchya	Inspection Inspection Inspection EXAMINER DICAL EXAMINER city, fown, or c 22d. LOCATI	or fown) Inqui R	(County) /6/61 bridg /or country) reek,	PER PER DATE S DOT .	(Stete)
geve rise to immedia (e), stelling the unit cause lest. PART II. OTHER 20e. EXTERNAL CA PRIMARY or COY CAUSE OF DEATH. 20c. TIME OF INJUIT Hour e.m. p.m. 21. I certify the death resulted for actual SIGNATURE EXAMINER'S NAME (Type) 22e, BURIAL, CREMATIO REMOVAL (Specify) REMOVAL (Specify)	ste cause deriving DUE TO (e) SIGNIFICANT CONDITION USE WAS NTRIBUTING DEVICE TO THE PROPERTY Month, Dey, Year 19 at I took charge of the rom: Natural cause John Mace N, 22b. DATE THEREOF 9/3/61	DESCRIBE HOW I	CCURRED 20e. Ple fee work Coribed above, Adent Cori	(Enter nature of injury in Personal Control of Injury in Personal	Inspection Inspection EXAMINER CITY, fown, or ce 22d. LOCATI	or fown) Inqui letermined n R	(County) nanner [] /6/61 abridg	per yes Per yes Date so Md	(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10146 funeral PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institutions, before admission) e. COUNTY e. STATE b. COUNTY 12 d MARYLAND dear c. CITYLOR TO and CITY OR TOWN (if outside corporate limits. ENGTH OF STAY IN I WN (If outside/corporete limits, write RURAL and give nearest town) δ .5 Filled d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES L NO 3. NAME OF 4. DATE DECEASED OF pa DEATH (Type or print) Com carbon 6. COLORTOR RACE 7. MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR and (last_birtbdey) Months Deys Hours Min. WIDOWED F DIVORCED wyrs. physician remove 10b. KIND OF BUSINESS OR INDUSTRY (County & Stele, or foreign country) 12. OFFIZEM WMAT COUNTRY? MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S affending ARMED FORCES? 16. SOCIAL SECURITY NO [Yes, no, or unkown] [(Ifyesgivewarordetesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUETO Arteriosclerosis Conditions, if any, which (6) geve rise to immediate ceuse **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY certificate hospital PERFORMED? 80 2 NO 4 9517 prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) Š OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from... to 22e. SIGNIATURE ATTENDING STAFF MED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TRIAL, CREMATION 256. REGISTRAR'S SIGNATURE REGISTRAR VR A15 (4) '61 15M 9/60

16.101 Marched March and माख्यक जिल्ला विश्वासी 25 283/1413 - 1 5/2/1636 34 The state of the state of the state of the THE CHANGE TO ENGLISH ME The fact of the fa right elements stak larged evened 13/8 13/8 11/10 Line south many the state of the company of the

IDIAS CERTIFICATE OF DEATH HEALTH DEPT is necess al director for your

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10148 10143

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaasad livad, If Institution: Rasidence before edmission)							
a. COUNTY Dorchester MARYLAND	. STAT Maryland b. COUNTY Dorche	ctan						
b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give							
write RURAL and give nearest town) Cambridge Taker 6 Hrs	X Hurlock							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d'STREET ADDRESS	. IS RESIDENCE						
Cambridge Md. Hospital	1	ON A FARM?						
3. NAME OF First Middle	Last 4. DATE Month Day							
DECEASED (Type or print) Larry B.	Collins Sept. 10	1967						
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED X 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR							
[N - 7 - N	Nov. 26, 1960 lest birthday) Months Pays	Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN (OF WHAT COUNTRY?						
None None	Maryland U.S	. A .						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•						
James Herbert Collins	Lillian C. Savage							
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyasgive war or detes of service)	INFORMANT Address							
	J.H. Collins Hurlock, M	d						
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	[IN	TERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOXEMIA		THE AND DEATH						
096.9 DUE TO								
Conditions, if any, which \ (b) Acute Virus inf	ection	2 days						
gava rise to immediate cause (a), staling the underlying DUE TO								
cause last. (c)								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?						
		YES NO						
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Entar nature of Injury in Part I or Part II of ilam 18.)							
Hour a.m. While No! While fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or lown) (County)	(Slale)						
77)								
21. I certify that I took charge of the remains described above, he		in my opinion						
death resulted from: Natural causes X. Accident . Suici	ide, Homicide, Undetermined manner							
ACTURE X	CHIEF MEDICAL EXAMINER	DATE SIGNED						
BIGNATURE POLICE PROTECT	M.D. ASSISTANT MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [X] 9/16/61	DATE SIGNED						
NAME (Type) John Mace Jr. M.D.	Address (Streat, city, lown, or county) Cam bridge	B.M.						
22a. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or country)	(State)						
Burial 9/11/61 Petershung	Hurlock, Dor. M.	d.						
23. FUNERAL DIRECTOR Herbert St. Clair Cambridge,	Cemetery Rec'd By Registrar 24b. Registrar's Signat	URE						
Herbert St. Clair Cambridge,	DATE OCT 4 161 Circlus S. The	WO-						

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

MARYLAND

CERTIFICATE OF DEATH 10149

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
o. STATE
b. COLINTY

Dorchester

b. COUNTY

Maryland

-		1		
	7			
/		d		
			1	

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

the funeral directar, shauld be fited with

PLACE OF DEATH

Dorchester

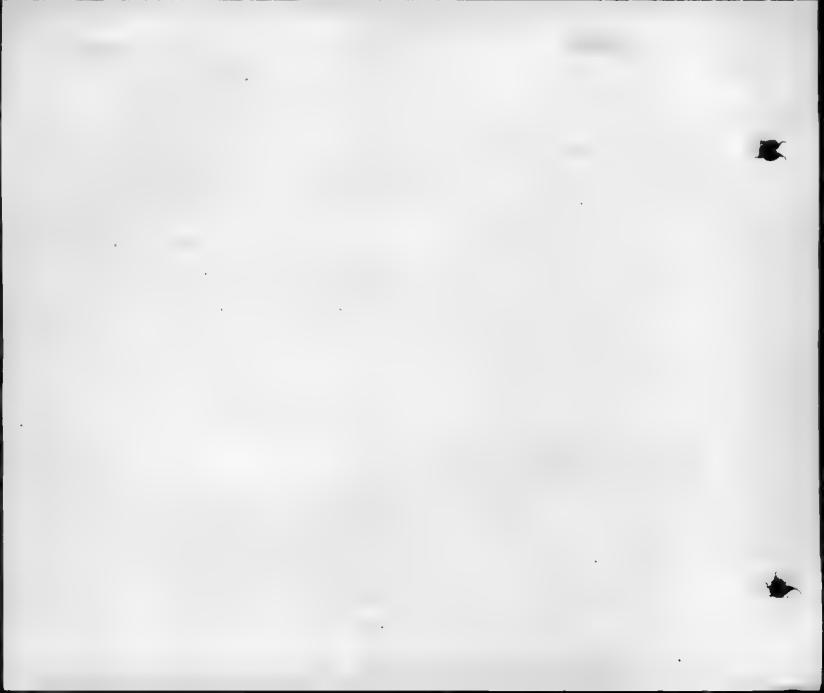
may be the base of the haspital or attending physician.

TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

TO HOSPITA

VR A1S (4) 1SM 9/S9

RUI	Y OR TOWN (If our RAL ond give nearest Secretary	ide corporate limit tawn)	s, write	c. LENGTH OF STAY I	N 1b	e, CITY OR TOV		outside corpo retar		write RU	IRAL ond	give nea	rest town)
	ME OF HOSPITAL ()	f not in hospital, g	ive street o	oddress)		d STREET ADD	RESS							DENCE FARM? NO TO
3 NAMI DECEA	ASED	Fig		Middle		Last		4. DATE OF	_	Mont		Day		Yeor
	or print)	Julius		Victor		Coors		DEATH	36	otem		3		9 61
5. SEX Ma		White	/- MARR	DIVORCED		March 10,	, 18	90	9. AGE (II		Months	R 1 YEAR Doys	Hours	Min.
durii	ALOCCUPATION (Cong most of working I Electricia	ife, even if retired)		kind of Business of Painter	RINDUST	Dorche	· ·			vlan		TIZEN OF		OUNTRY
	ER'S NAME					14. MOTHER'S MA								
	Girard (Coors				Charlo	tte	Eliza	beth	(mai	den	name	unk	cnown
15. WAS	DECEASED EVER IN	U. S. ARMED FORG		SOCIAL SECURITY NO.	17. INF	DRMANT				Addr	933			
N		green or or or or or		214-18-4326	Mrs	MHild	la C	oors.	Secre	tary	7M	arvla	ınd	
Co go:	PART I. DEATH VIAMA 163 Inditions, if ony, verise to immesse (o), stoling the general control of the general con	VAS CAUSED BY: REDIATE CAUSE (o) DUE TO which diote DUE TO	use per din	re for (0), (b), and (c).]	M;	4 R	9	WL	u,	· Ca		INTE	RVAL BE ET AND	DEATH
CERTIFICATION (1) E	PART II OTHER S	(c) GNIFICANT CONI	-	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO TH	IE TERMI	INAL DISEAS	E CONDITI	ON GIVE	IN PA	RT 1(o) 15	PERFO	AUTOPSY RMED? NO
	ACCIDENT WAS UNCONTRIBUTING () () () () () () () () () () () () ()	DERLYING DEATH ICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature of in	jury in I	Part I or For	t II of item	18.)				
WEDICAL 20c	TIME OF INJURY A Hour o m p. m.	forth, Doy, Yes	While at work	Not while		E OF INJURY (Hon ry, street, office bl			y or lown)			(County)		(Slote)
	certify that (1)	· G	artend 3	ed the deceased		ath accurred o	53	A. from	the cau	Ses and		al the		
	SIGNATURE 7	00	en	Kr	- M	ATTENDING PHYS	J MI	ED RECTOR []	STAFF			9		DATE 5 GNED
220	PHYSICIANIS NAME Flyle)	4-NIK	<u>S ·</u>	M)	•	22d ADDRESS	13	21)	6E	- /	AR	Y4	4-1	3
	AL, CREMATION, 1	35 DATE THEREO	F	23c NAME OF CEME	TERY OR	CREMATORY		23d LOCA	TION (City	town, o	r county))	(State	e)
Bu:	rial		1961	L East New	Marke		_		New					1
24 FUNE	RAL DIRECTOR'S SIC	SNATURE		ADDRESS		25	o REC'	D BY REGIS	TRAR 25	b REGIS	TRAR'S S	IGNATUR	RE	
J.J.	Framptom	and Son,	Fede	eralsburg,	Mary!	land o	ATE S	EP 8	'61			2 10		



CERTIFICATE OF DEATH 10150 director 1. PLACE OF DEATH a. COUNTY filed MARYLAND Md. Dorchester Co. funeral b. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b þ shaufd 15 Years Woolfords Woolfords d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Woolfords. Md. Woolfords within 24 hours NAME OF DECEASED 4. DATE First Middle Lost OF DEATH (Type or print) Alice L Davis S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH June 13, 1873 Female White WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) during most of working life, even if retired) Baltimore, Md. Housewife None pup corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Rowles Clarence Mackubin remove 2 hours 17. INFORMANT S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 2 Mr. Phillip Higgins No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: requires that the IMMEDIATE CAUSE (o) DUE TO á Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) factory, street, office bldg., etc.) Haur a. m. While Nat while at wark at wark 21. I certify that I aftended the deceased from and that death accurred at 1/2 alive on DIRECT ACTUAL SIGNATURE prior avld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cedar Hill Cemetery Baltimore. Sept Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR Funeral Service Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence thefere occupation) **b.** COUNTY Dorchester Co. c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES 🔲 NO 🔀 Month Year 19 61 Sept. 9. AGE (In years lost birthday)
80 yrs. IF UNDER 1 YEAR! IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Woolfords, Md. INTERVAL BETWEEN PERFORMED? YES I NOV [County] (State) 196/ that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED 22d, LOCATION (City, town, or county) Marvland. 246 REGISTRAR'S SIGNATURE DATE

VS A15 (4) 15M 9/55



"iled in by the funeral Pages 1 and 2 should within 24 homs affer within 72 hours after deay The law requires that the death mertifical be executed tarbon pape and comple any eyent death. 286 4 may be retained by the hospital or attending physician.

IO FUT. ALL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove be filed with the State Dept. of Health prior to burial, cremation, or removal, and in languagen OR ATTENDING PHYSICIA VR A15 (4) 15M 9/60

CERTIFICATION

MEDICAL

	MARYLAND STATE DEPARTMENT OF HEALTH										
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH										
1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edimission) a. STATE b. COUNTY b. COUNTY										
_	b. CHT OR TOWN (if ordiside corporate limits, write AURAL and give neerest lown) white RURAL end give neerest town) C. CITY OR TOWN HT outside corporate limits, write AURAL and give neerest lown] d. NAME OF HOSPITAL OR INSTITUTION (if not in herpite, give street address) d. SIREET ADDRESS d. SIREET ADDRESS d. SIREET ADDRESS										
3.	NAME OF DECEASED MINING MINING LOST ADATE Month Day Year										
5.	5. COLON OR RACE 7. MARRIED DIEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10 mile Wildow Divorced 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9										
4	e. ISPAL OCCUPATION (Give kind or work) The product of working I fe, even by retired The product of working I fe										
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. W. INFORMANT S. NO, Or UNKOWN) (Ifyes give war or detes of service)										
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]										
	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Adenocorcinosno of restand DEATH Conditions, if ony, which give rise to immediate cause (a), stelling the underlying DUE TO DUE TO ONSET AND DEATH 2 years ONSET AND DEATH 2 years										
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES \[\begin{array}{ c c c c c c c c c c c c c c c c c c c										
L CERTIFIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.] (County) (Siete) (County) (Siete) (County) (Siete) (County) (County) (Siete) (County) (Coun										
1	21. I certify that (I) (this hospital) attended the deceased from 19., to Sept. 2.4. 19.6., that (I) (we) last saw the deceased alive on 19., and that death occurred at 1.1. M, from the causes and on the date stated above, 22s. SIGNATURE										

ATTENDING 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Special) 927/6/ 2347) OCATION (City, town or county) CEMETERY OR CREMATORY

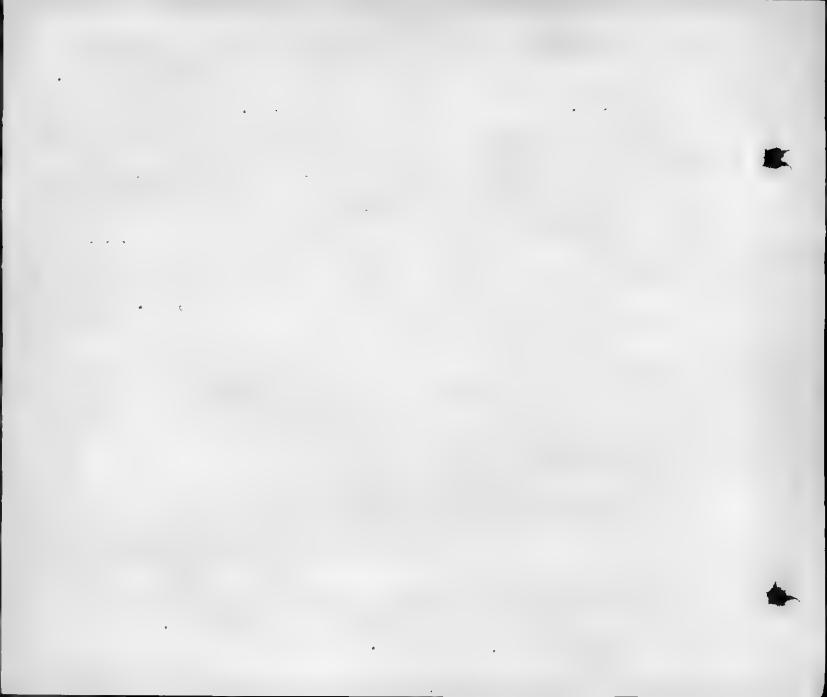
UNERAL BIRECTOR'S

REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Kraus 161



				10152			CERTIFI	CAT	E OF DEA	ATH			Reg. D	ist. No.		
should be filed with		0.	RURAL and give n	Dorchester			MARYLAN	4D	o. STATE Mary.	land	hide corporo	b. COUNTY	Dorch	este:		•
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Poges	5	D	AME OF ECEASED 'ype or print)	6. COLOR OR RACE	eorge		Middle Edwar		Lost Fairban k s DATE OF BIRTH		4. DATE OF DEATH	Mor 9 AGE (In years lost birthday)	IF UNDE	R 1 YEAR II	UNDER	61 24 HRS.
d complete n popers. I death.		10-	lale USUAL OCCUPATI during most of work abor	White ON (Give kind of work or king life, even if retired)	WIDOWE	KIND OF I	DIVORCED [BUSINESS OR II MDany	-	3/20/1887	(Stole o	r foreign cau	74 yrs.		TIZEN OF	WHAT C	Min.
attending physician and campletely fille in please remave carbon papers. Pages I within 72 hours after death.		15. \	Unknown	ER IN U. S. ARMED FOR		SOCIAL SE	CURITY NO.		14. MOTHER'S MAI Unici DRMANT	DEN NA		Add	iress .			
the attending physic Thon please remave vent within 72 hours			NO B. CAUSE OF DE	NO ATH [Enter only one co ATH WAS CAUSED BY. IMMEDIATE CAUSE (o	use per lin	Inknor		Jame	# Pun	0 r	Bridge	ag c ²	Del.	INTER	VAL BETY I AND D	A Y Y
in any ev			Conditions, if a gave rise to couse (a), stating lying couse lost.	immediate Duc TO	Pe	Cor	cona	~ Y	, Kes	41	al in	ilea.	tion	0 9)	5 y	rs mon
ing physician te has been s burial-transit remaval, and		CERTIFICATION		HER SIGNIFICANT CON (AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)					OT RELATED TO THE				VEN IN PA		WAS AU PERFORI VES []	MED?
il ar attendi his certifica use as the smatian, ar	`	ابہ	(IF EITHER, NOTIFY 20c, TIME OF INJU Hour o. m.		or 20d. IN While of work		while	e. PLAC fector	E OF INJURY (Home ry, street, effice bld	e, farm, g., etc.)	20f. (City o	or town)		(Caunty)		(Stote)
by the haspite CTOR: After the detached far r to burial, cre	1		olive on	Can Canadad the	., 19		ond that de	eoth o	1, 19, 10 ccurred at 9	Οijρ	M, from	the couses			stated	d above.
be etained I	R	220	HIVE HE NAME (Type)	AWYEN (Ĉ	Ma	ryan me of cemete	O V	Can		71 dg	P M ON ICity, town,	or county)		(Stole)],
O P P P P P P P P P P P P P P P P P P P	D		PEMANN (Specify	9/19/19 rs signature Funeral Ser			chester bridge,			. REC'D	Cambri BY REGISTR 5 '61			IGNATURE		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	1	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be stituted by the haspital ar attending physician. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. The page 3 should = detailed for u = as the buriot-transite = remit. Then please remove carbon papers. Pages 1 should be filed with the registrar prior to buriot, cremation, ar removal, and in any event within 72 hours after death.	
, v	/S A15 (4) ISM 9/55	

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMOR	E, 18
152	CERTIFICATE	OF DEATH	Reg. D

		10153			CEKIII	FICA	IE OF D	Reg. Digt. No.4 A C								
	1. PLACE OF DEATH	#0#00					. USUAL RESIDE	NCE (Who	ere decease			oni Reside	ence beta	re odmis	sion)	
	o. COUNTY Dor	chester Co			MARYL	DMA	o. STATE	aryla	ınd	ь	. COUNTY	Doz	rche	ster	Co.	
	b CITY OR TOWN (IF	autside carporate lim	its, write	c. LENGT	H OF STAY	N 1b	c CITY OR TO	WN (If or	rtside corp	orote lim	its, write RI	URAL ond	give ne	aresi tow	n)	
•	Cambridge M	d .		2 D	ays		(Madi	son,	Md.							
-	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street	oddress)		1	d STREET AD	DRESS						e, IS RESIDENCE ON A FARM?		
	Cambridge						Madison, Md.							YES NODE		
	3. NAME OF DECEASED	Fi	rst		Middle		Losi 4. DATE Mo					onth Day Yeor				
	(Type or print)	Thomas	Leon	ard		Fre	zier		OF DEATH	ı	Sept	•	25		19 196	
	5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔂 NE	EVER MARRIE	D 🔲 B.	DATE OF BIRTH			9. AGI	(In years birthday)			-	ER 24 HES.	
	Male	White		Nov. 28	, 187	77	83	yrs.	Months	Days	Hours	Min.				
	100. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF	BUSINESS OF	RINDUSTI	Y 11 BIRTHPLA	CE (State o	or foreign o	country)		12 C	ITIZEN C	F WHAT	COUNTRY	
	Waterman		. 1 -	Fishi	ng		Jame	s Isl	and			U.	S.A.	a		
i	13. FATHER'S NAME						14. MOTHER'S A	AIDEN N	AME							
V	Georg	e Frazier					Melin	oa Ru	ıark							
4	15. WAS DECEASED EVER	IN U.S. ARMED FO		SOCIAL SE	CURITY NO.	17. INF	DRMANT				Addi	ress				
i	Пo			None		Rola	ind Fraz	ier	- 1	Madi	son,	Md.				
	IB. CAUSE OF DEAT		ouse per li	ne far (o),	(b), and (c).]	,		It.					INT	ERVAL BE	TWEEN	
	PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (C.C.	2 1246	and	a	Milly	1/46	Me.	Lit.	1-1		2		Uni	
	0.60	DUE TO)	.)	y A-	MANP.	m.1	//-	+				10	. ,	1	
	Canditions, if an		b)	n.a	txile	.2	1/21	k_Ld	112				1/7	1/14	-OZ.	
	gove rise to in cause (o), stating t)													
,	lying couse lost.) (c)													
)	PART II. OTH 20s. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING OR FITHER, NOTIFY I	ER SIGNIFICANT CON	ADITIONS !	CONTRIBUT	ING TO DEA	TH BUT N	OT RELATED TO T	HE TERMIN	NAL DISEA	SE CON	DITION GIV	EN IN PA	RT 1(o) 1	9 WAS PERFC	AUTOPSY PRMED?	
	2		1											YE\$	ио Д	
	OR CONTRIBUTING	□ CAUSE OF DEATH	206. DES	CRIBE HOY	A INJUSA OC	CURRED.	(Enter nature of	njury in P	ori 1 or Pa	rt II of 1	iem 18.)					
				MILLION O.C.	CHREE	20. DEAC	E OF INITIDY (VI		Tone acti		-1				40	
	20c. TIME OF INJURY Hour a. m.	' Month, Doy, Ye	While		white	focto	E OF INJURY (He ry, street, affice I	oldg, etc.)	ZOT. (CIT	y or raw	nj		(County)		(Stote)	
	p. m.	17	of wor	rk 🔲 of w	ork []	1.1	14		17/2	20		,				
	21. I certify the	I attended the	deceas	sed fram.	1/23	7	1964	to	7/4	-2	., 19 <i>4</i>	_,that I	last so	aw the	deceased	
	alive an		19.4	Q-f	and that	death a	ccurred at						the da	te state	ed abave	
	ACTUAL /	171	-	a .	11.7		<i>tm</i>	1	LDDRESS (Street, ci	ly or town,	stote	_	0/	ATE SIGNED	
	SIGNATURE	1	4		26 200	М	D	4-	120		7 2 1			-45		
	PHYSICIAN'S NAME (Type)	K1. f-1.7	44	NKS	5 H	7).	(6	161,	BXI	06	0-1-1	160	<u> </u>	14	0/6/	
	220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THERE	OF	22c. NA	ME OF CEME	TERY OR	REMATORY		22d. LOC/	TION (C	city: town, o	or county)		(Stol	e)	
	Burial	Sept. 27	,		bridge	Melme			Camb					ylan	d	
	23. FUNERAL DIRECTOR'S		1		RESS	MA	:		BY REGIS	TRAR	24b. REG15	STRAR'S S	IGNATU	RE		
	LeCompte Fur	eral Serv	rce	Camb	ridge,	PIC.		DATE SE	EP 2 7	'61		Mon	9 45.			



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requires that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

013	55	CERTIFICATE	OF DEA

		10155	, 1	CER	ETIFIC.	ATE OI	DEATH	1		Reg. Dis	t. No.		
	PLACE OF DEATH					2 USUAL o. STAT	RESIDENCE (Wh	ere deceose	d lived. If institution	oni Residenc	U	Q Jis	on)
- 4	Dorchester			М	ARYLAND	0. 31211	Maryl	and	b. COUNTY	Dorch	est	er	
	b. CITY OR TOWN (If RURAL and give no	outside corporate limit	s, write	c. LENGTH OF S	TAY IN 16	e. CITY	OR TOWN (If o	utside corpo	prote limits, write R	URAL and g	ive near	est fown	1
	Cambridge			50 Year	s	Camb	ridge, M	aryla	nd	15			
	OR INSTITUTION	At (If not in hospital, g	ive street o			d. STRE	d. STREET ADDRESS						DENCE FARM?
(Maryland He	spit	al		3 (3 Cedar St.						NO 3
3.	NAME OF DECEASED	Fire	:1	Mi	ddle		fh .	Doy Yeor					
	(Type or print)	Samuel				Jacks	Jackson Jackson Sept.						19 6]
5. :	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MA	ARRIED 🔲	8. DATE OF	BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		- /	
]	Male	White	WIDOWE	D 🔣 DIVO	RCED 🗌	Aug. 1	1861		100 yn.	Months	Doys	Hours	Min.
†Oo	USUAL OCCUPATIO	ON (Give kind of work cling life, even if retired)	lone 10b.	KIND OF BUSINE	SS OR INDU	STRY 11, BIR	THPLACE (Slote	or foreign c	ountry)	12, CITI	ZEN OF	WHAT	COUNT
]	Farmer	ang me, even a remed	arming		Car	nden N.J			1	J.S.	Α.		
	FATHER'S NAME						ER'S MAIDEN N						
	Unknow	m					Unkno	wn					
	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	NFORMANT			Addi	ess			
110	No	it yet. give wor or outes or it	avice)	None		Mrs. La	aura Hub	bard	Caml	ridge	a. Me	d.	
		TH [Enter only one co	use per lin	e for (a), (b) and	(c)]						INTER	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:		Interr	nal h	emorr]	nage				ONSE	ET AND	DEATH
	1	DUE TO					·					2	day
	Conditions, if a	nv. which)		Co	netni	c ulc	e 12						
	gove rise to in	mmediate (DUE TO			<u> </u>	C_IZEC					1		
	cause (o), stating to lying cause lost.	tel		Viral	pneu	monia	and s	enili	ity			7	dav
ž	PART IT. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BU	NOT RELATE	D TO THE TERMI	VAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	WA5 /	AUTOPSI
ATI												PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA	S_UNDERLYING	20b. DESC	RIBE HOW INJUI	RY OCCURRE	D. (Enter note	re of injury in F	ort I or Por	t II of item 18)				
CER	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER											
S	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. Ih	JURY OCCURRED	20e. Pl	ACE OF INJU	RY (Hame, farm,	20f. (City	r or town)	(C	ounty)	-	
MEDICAL	Hour q. m, p. m.	19	While of work	Not white	n fo	clory, street,	office bldg., etc.) [
~					<u> </u>	/ 10	(7.0	<u>, </u>	07 10/7	41 . 1 1		- 1	,
	_	at I attended the		. 4			PM 1	-					
	alive onS	pt	-, 19						m the causes of treet, city or town,		ie dati		ed abo
	ACTUAL	YAME	7)-{	- Care	1/2				meet, city of fourt,				
	SIGNATURE	4 2 6	13			M.D			the state of the state of the state of the state of		Sep	t:	54°t
	NAME (Type)	D	7.7	** 3		7.01			<i>a</i>		1	1 de	,
22.	BURIAL CREMATIO	N. 22b. DATE THEREO	F H	22c NAME OF	CEMETERY	D COEMATO	vocus-t-	24 100	TION (City, town,	0-6-6		150-1	-1
en.	REMOVAL (Specify)	TA, 120. DATE THEREO		AZC. NAMIC OF	COMETERT C	A CREMATO		ard LOCK	THOM (CITY, TOWN, C	n connis)		(Stok	el

Cambridge Cemetery
ADDRESS

Cambridge, Md.

Cambridge Maryland
PY REGISTRAR 245. REGISTRAR'S SIGNATURE

a rechart S. Phones

240. REC'D BY REGISTRAR DATE OCT 2

A. A. DIRECTOR: After this certificate has been signed by the attending physician and campletely file. Fishauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages d be detached far use as the burial transit permit. Then please remove carbon pag prior to burial, cremation, ar remaval, and in any event within 72 hours after death

by the funeral director, nd 2 should be filed with

ours after death. Page 4

requires that the death certificate be executed within 24

Burial Sept.
23. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service



y is necessary, I director, Page or your files, oard of Health, Board of F State E A hours a. Pages 1, 2, 2. Page 5 m. pages Fig permit. ed pinous vs #0 word "pending dical Examiner's S (S) vuld be used a Medical Ex writing I e Chief I Page 3 s prior

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH DUU STATE 1. PLACE OF DEATH a. COUNTY Dorchester Mar yland MARYLAND b, CITY OR TOWN (if outside corporate i mits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town] Andrews entire life Andrews d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS Rural Rural 3. NAME OF First M ddla 4. DATE DECEASED OF (Typa or print) DEATH Tra Ellsworth Jones 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Mala DIVORCED # WIDOWED June 1. 1884 10a. USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) dona during most of working life, even if religad? Retired Waterman Bishops Head 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William I Jones Rhoda Jean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyasgiva warordatasofservica) in pencil in Item so office along with fig.

Soffice along with fig. a burial-transit permit No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUF TO Conditions, if any, which' (b) geve rise to immadiate cause **DUE TO** (a), stating the underlying causa lad. CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED ! 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work please execute the certificate, v 4 should be forwarded to the 5 FUNERAL DIRECTOR: P or its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K John Mace Jr. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, PREMATION, 226, DATE THEREOF REMOVAL (Specify) Q40 9 Burial Wesley Church Cemetery UNERAL DIRECTOR Cambridge, VS. A15ME 5M 7/59

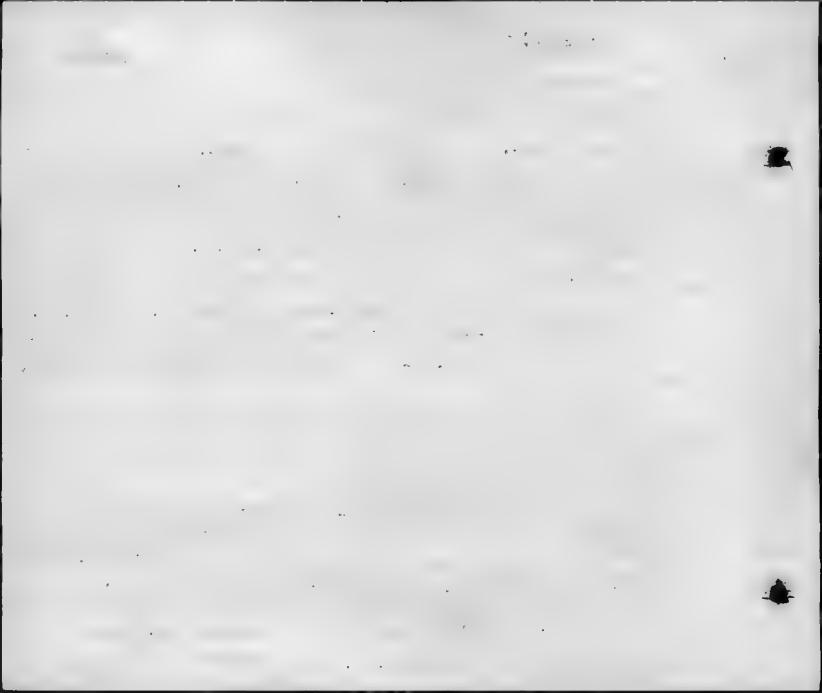
2. USUAL RESIDENCE (Where deceased lived, if institution Reverse by Ladmiss.on) b. COUNTY Dorchester by CITY OR TOWN (If outside corporate 1-mits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO Year Sept.29 19 Sept. 29, 1961

9. AGE (In years of UNDER 1 YEAR JF UNDER 24 HRS. lest birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? U.S. Addrass Mrs.Grace H. Jones, Andrews, Md. INTERVAL BETWEEN ONSET AND DEATH Instant PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 2) 19. WAS AUTOPSY PERFORMED? NO X YES. (County) (Stela) Inquiry and in my opinion Undetermined manner DATE SIGNED Address (Street, cty, town, or county) Cambridge. Md. 22d. LOCATION (City, town, or country) (Stata) Ciriling S. Thouse

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DITIAUTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution no beleve admission) a. COUNTY Page e. STATE b. COUNTY is necessary, Dorchester Co. Maryland INVESTIGATION AND PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED I b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ral director. write RURAL and give neerest lown) for your Cambridge, Maryland. Cambridge Maryland. State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d'STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained 305 West End Ave YES NO T 305 West Ind 3. NAME OF First Middle 4. DATE Month after death. If an 2, and 3 to the DECEASED OF the (Type or print) DEATH Alice Robison 19 Lord 61 with rs afte 5. SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED AGE (in years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with l and 2 with 72 hours a lest birthdey) Months Hours Female White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 7 Office along with form PM3. Page done during most of working life, even if retired? within w Waitress Restaurants Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert B. Robinson 9 Lula C. Horseman This certifical should be executed within Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Maryland permit. (Yes, no, or unknwn) | (If yes give wer or detes of service) any Mr. Donald V. Lord Jr. West End Ave Cambridge 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY. Coronary occlusion Instant IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which "pending" gave rise to immediate cause 40 Medical Examiner's should be used as a **DUE TO** (a), stating the underlying 5 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? acute the certificate, writing the word be forwarded to the Chief Medical ERAL DIRECTOR: Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K Inquiry and in my opinion death resulted from: Natural causes K Suicide . Undetermined manner Accident Homicide | CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Jr. Cambridge, Md. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY **6988** 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) ¥2 REMOVAL (Specify) 240 ö Cambridge, Maryland, Burial Greenlawn Cometery 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL D.RECTOR VS. A15ME Le Compte Funeral Service, Cambridge, Md. DATE SEP 2 5 '61 Arthur S. Thrank 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

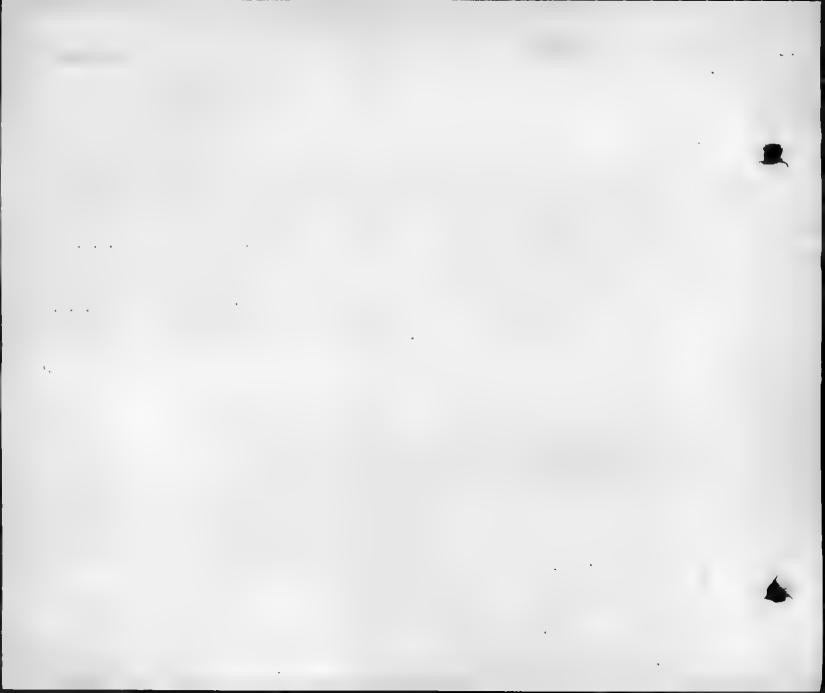
10160

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be led by the haspital or attending physician.

D FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled for the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in all event, within 72 haurs after death

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15	M	9/5	

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1 PLACE OF DEATH o. COUNTY	Dorchester		MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before and issuan) a. STATE Maryland b. COUNTY Caroline									
b CITY OR TOWN I RURAL ond give r	(If outside corporate imi learest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
	Hurlock 4 years					Denton - Rural							
d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Fisher Nursing Home				d STREET ADDRESS o IS RESIDEN ON A FAR YES [M] NO							FARM?		
3. NAME OF	p1		4 47 1 19	-			4. DATE				1	-	V
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S SEX	6 COLOR OR RACE	7 MARE	RIED NEVER MARRIED	П	8 DATE OF BIRTH			9. AGE (In y	ears	FUNDER	1 YEAR	IF UNDI	ER 24 HRS.
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13 FATHER'S NAME	wiele Uerreni				14. MOTHER'S MAIDEN NAME Sara Priscilla Andrew								
rrede	Frederick Howard					a Pri	iscilla	a Andr	ew				
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CATIO		_										PERFO	NO 💆
(IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D (Enter nature of	injury in	Part I or Part	t II of item 1E	1}				
ZOc. TIME OF INSU Haur a.m. p. m.	RY Manth, Day, Yes	20d. I While of war	Nat while	20e. PL/ fac	ACE OF INJURY (Fictory, street, affice	lome, farn bldg , etc	n, 20f (City	or lown)		(C	ounty)		(State)
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230 BURIAL, CREMATIC REMOVAL (Specify		F	23c NAME OF CEME	TERY O	R CREMATORY		23d. LOCAT	ION (City, to				Stor	le)
Burial													
24 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS				'D BY REGIST 왕환 영	RAR 256		RAR'S SIG			
J.J. Framp	tom and Son	. Fed	ieralsburg.	Mar	yland	DATE	orr n	01		-1	0 4	1.4	



RCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY P. CONNIA Dorchester C. Dorchester Co. MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete kmits, write RURAL end give neerest towrite RURAL and give nearest town? Cambridge, Maryland, Life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Cambridge, Maryland, R.F.D.# 3. e. 15 RESIDE ON A FARM? Cambridge, Maryland, R.F.D.# None YES NO K NAME OF 4. DATE Year Month DECEASED OF (Type or print) DEATH Marshall 19 Olia 5. SEX 6. COLOR OR RACE! 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In yeers | F UNDER 1 YEAR ge 5 may and 2 with lest birthdey) Months ! Hours WIDOWED [72 DIVORCED Male White yrs. 10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) This certificate should be executed within 24 hours Giv≡ Pages U.S.A. pages | within Waterman Maryland Waterman PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander B. Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? File Louise Thomas 16. SOCIAL SECURITY NO | 17. INFORMANT Address e along with for (Yes, no, or unkown) | [!fyesgivewerordetesofservice] Mrs. Olie A. Marshall Cambridge, Md. R.F.D.# 218-3**L-**9458 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ONSET AND DEATH I. DEATH WAS CAUSED BY-Coronary occlusion Mins in pencil IMMEDIATE CAUSE (e) Office **DUE TO** burial Conditions, if any, which (b) "pending" gave rise to immediate cause 60 Examiner's DUE TO (e), stelling the underlying 50 nsed cause lest. cremation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION TX MEDICAL EXAMELER, writing the word "procure the certificate, writing the word "procure to forwarded to the Clief Medical Example to Burie, cremation to burie, cremation PERFORMED? NO.X 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Ilem 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work el work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A and in my opinion death resulted from: Natural causes X Suicide Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE 9/14/61 DEPUTY MEDICAL EXAMINER A **EXAMINER'S** Cambridge, NAME (Type) John Mace Md. Address (Street, city, lown, or county) 220. BURIAL, CREMATION 1 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE (Stete) ži. REMOVAL (Specify) 0 40 ò Speddens Sewards Cemetery Cambridge Maryland R
BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Burial 24. REC'D BY REGISTRAR VS. A15ME Le Compte Funeral Service, Cambridge, Maryland 550 2 5 61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

CAL MANINGES CERTIFICATE OF DEATH

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		MAI	RYLAND	STAT	E DEPA	ARTM	ENT OF	HEALTH	I—BAL	TIMORE,	18		
		10162)		CERT	IFIC/	ATE OF	DEATH	1		Reg. D	st. No.	
o. CO	OF DEATH	rche	ster		MAR	YLAND	2. USUAL RE 0 STATE	SIDENCE (WH	iere deceased	lived. If instit b. COUN		O r C	her 1
RU	RAL and give r	LICH	na		TH OF STAY	IN 16	c. CITY O	R TOWN (IF .	utside corpo	rote limits, writ	RURAL and	give nearest	town)
d. NA OR	AME OF HOSPI	TAL (If not in hospi	tal, give stree	t oddress)			d. STREET	ADDRESS F. D.				e. IS OI YES	RESIDENCE N A FARM?
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3. FATHI	AMES	T. H	atte	W			14. MOTHER	S MAIDEN N	iame '	5			
	DECEASED EVI	R IN U. S ARMED (If yes, give wer or dote		. SOCIAL SI	ECURITY NO). 17. II	G. EL. A	VAYO -	4108	Maine	ddress	Nu e	#7
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	PART II. OT	HER SIGNIFICANT		CONTRIBU	TING TO DE	ATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASI	CONDITION	GIVEN IN PAR	PEI	AS AUTOPS' RFORMED?
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNITY DIRECTOR: After this centificate has been signed by the attending physician and completely fille to by the funeral director. page 3 mould be detached for use as the burial-transit permit. Then please removeranton pages 3 mould be detached for use as the burial-transit permit. Then please removeranton pages 3 mould be detached for use as the burial-transit permit. Then please removeranton pages 3 mould be detached for use as the burial-transit permit. Then please removeranton pages 3 mould be detached for use as the burial-transit permit.

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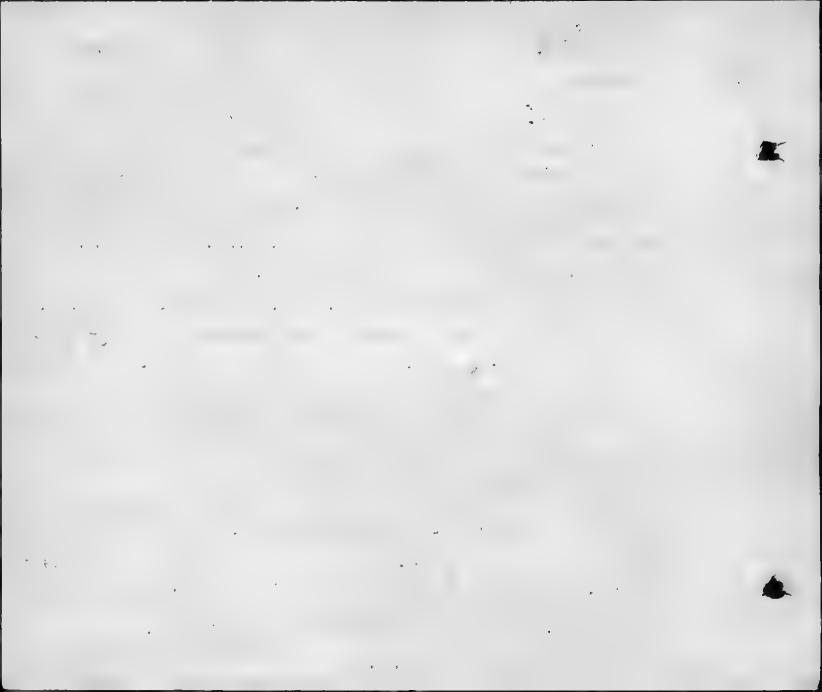


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death funeral			b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give received to the corporate limits, write RURAL and give received to the corporate limits, write RURAL and give received to the corporate limits, write RURAL and give received to the corporate limits, write RURAL and give received to the corporate limits, write RURAL and give received to the corporate limits, write rural received to the corporate limits and rural rural received to the corporate limits and rural	
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ofte share	e"	2	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d STREET ADDRESS	. IS RESIDENCE
4 5	1		Cambridge Maryland Hospital RFD #2	ON A FARM?
5 3	1	3.	NAME OF First Middle Lost 4. DATE Month	Doy Yeor
fill 2	ヘン	Ĺ	(Type or print) Elizabeth Miller Molock DEATH Sept. 2	5. 1961
within 2 tely fills Pages		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	AR IF UNDER 24 HRS
d v			Female Negro WIDOWED DIVORCED Jan. 29, 1922 39 yrs. Months Days	Hours Min.
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4 de 1			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA RIGHT BREAST	NSET AND DEATH
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SIC of the series of the serie		13	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County	r) (State)
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for a for a		1	21. I certify that I attended the deceased from 8-10-56 , 19 , to 9-25-61 , 19 , that I last !	
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TEN The Date			alive on 3.25.61 19 , and that death occurred at 3. P. M, from the causes and on the di	
A CONTRACT			14071A1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE SIGNE
OR DE Price			signature	-2-61
reta stror			PHYSICIAN'S Albert E. Bunker, M. D. Cambridge, Maryland	
N 2 3 00 0	,	22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county)	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	MARYLAND STATE DEPARTMENT OF HEALTH									
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
		10164	CERTIFICAT	E OF DEATH		L0160 _				
	PLACE OF DEAT a. COUNTY	Н		2. USUAL RESIDENCE	(Whara deceased lived, If institution b. COUNTY	ioni Residence before edmission)				
_		chester	MARYLAND	Maryland	Do	rchester				
		(if outside corporate limits, ind give neerest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If ou	itside corporate limits, writa RUR/	L end give neerest town]				
_		LOCK	10 months	Williams Street ADDRESS	burg	. IS RESIDENCE				
		er's Rest None			ant.	ON A FARM? YES X NO				
3.	NAME OF	First ROSE ROSE	Middle	Main str	DATE Month	Dey Yeer				
	DECEASED (Type or print)	Dwight	Lyman	Moore	OF September	6,1961				
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN					
M	ale	Unite	IDOWED TO DIVORCED	March 11,1877	lesterthday) Mon	hs Days Hours Min.				
10:	ne during most of w	TION (Give kind of work rocking life, even if retired)	106 KIND OF BUSINESS OR INDUST	RY 11 B RTHPLACE (County 8	k Stete, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?				
		armer self en	ployed	Elliott, De	or.,Co.	U.S.				
	Pe	rry W. Moore		Martha E.	. Payton					
15.	WAS DECEASED E	VER IN U.S. ARMED FORCES	1	INFORMANT	Address	_				
1,	No	(If yes giva war or dates of servi	°° 216-38-9115 Pe	rry W. Moore, 30	07 Aurora St., Ca	ambridge, Md.				
			use per line for (e), (b), and (c)]	V ==1/=		INTERVAL BETWEEN ONSET AND DEATH				
	PART I, DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)	CORONAR	YIHRO	MBOSIS	5 M/N.				
	720	DUE TO	CORONARY	/ ARTER	Y DISEA	SE ID VEAT				
	Conditions, if en	(D)	CKONAKI	77//=/	Y DISER	7- /- /-				
	(a), stating tha	The COLD TO								
7	cause last.	ER SIGNIFICANT COND TIO	 NS CONTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	D SEASE CONDIT ON GIVEN N	PART I(a) 19. WAS AUTOPSY				
CERTIFICATION	7,5011	ER SIGNIFICANT COND ITO		of the transfer of the second		PERFORMED?				
SE	20a, ACCIDENT V	WAS JNDERLYING [] 2	Db. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pers	For Pert II of stem 18.)	140 11 10				
CERT	OR CONTRIBUTING	G CAUSE OF DEATH								
3	20c. TIME OF IN.	IURY Month, Day, Year			20F (City or town)	(County) (State)				
MEDICAL	Hour a.m.		While Not While et work af work	ctory, street, office bldg., etc.)						
	-	that (I) (this hospital)	attended the deceased from	5 /10 19	1, 10. 6 SEPT	, 19, that (I) (we) last				
	saw the decei	ased alive on	SRP7 19 6/, and tha	at death occured 10;30	M, Arom the causes and	on the date stated above.				
	228. STGRENDE	291.	The state of the s	ATTENDING MED	. STAFF	226. DATE SIGNED				
	1.	D. Au	noy je.		CTOR PHYS.	1547T				
	22c BHYSICIAN'	E. GU	NBYJR.A	1. P. CAM	BRIDGE	MD.				
23	REMOVAL (Specif				23d. LOCATION (City, fown or	county) (State)				
2.	FUNERAL DIRECTO	Sept. 8,19	61 Dorchester Me:	morial Park	Cambridge, Md. BY REG STRAR 256. REGISTR	AR'S SIGNATURE				
17	TONERAL DIRECTO	7/2/2/	(DATE SE		Lun S. Kraus				
	rune	un. On	Well Cambridge Md	I DAIL						



1				MARYL	AND S	TATE DEPA	RTME	NT OF H	EALTH	I-BALTIMO	DRE, 1	8		
	~/		1010	55 Trem 11	Palen .	CERTI	FICA	TE OF [PEATH	ł		RegarDist. H	о.	
Page 4		Ī	PLACE OF DEATH COUNTY Dorche	aton		MARYI	- 14	d. STATE	yland	ere deceased lived.	If institution	ni Residence be		
death:	X	H		outside corporate limit	s, write c.	LENGTH OF STAY	IN 15			utside corporate limit	s, write RL			
ofter der the fune shauld t			Cambri	dge ·				Cam	bride	ze				
urs afte by the d 2 sha	X		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g rivate hom	ive street odd	dress}		d. STREET A		Ave Ext			ON /	SIDENCE (FARM?] NO 📆
4 hai			NAME OF DECEASED	Fire	i†	Middle		los		4. DATE	Moni	h I	Day	Yeor
E B	3	\vdash	(Type or print)	Jam				Plate				ber22.	· · · · · · · · · · · · · · · · · · ·	19 61
with Yely		5. :				NEVER MARRIE		DATE OF BIRTI			irthdoy)	Months Days	-	ER 24 HRS.
mmle pers.			VISITAL OCCUPATIO	Nagro	WIDOWED	TE)ctobe:		1892 6	B yes.	12. CITIZEN	OF WHAT	COUNTRYZ
execund car			during mast af work	ing life, even if retired)						U.S.A.		US		CO 9: 111111
be e		13.	FATHER'S NAME	70101				14. MOTHER'S	A COLUMN THE PARTY NAMED IN			1 00		
ore con a second		L	ur	ık				1	unk					
physic smave haurs				IN U. S. ARMED FORG	CES? 16 SO	CIAL SECURITY NO.						" Moor		
th ce Jing Ise R		<u> </u>	no			4-10-032	2B 1	Irs. V	iola	LeCompt	e-Car			
IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardiac Decomponsation											IN Or	TERVAL BI	TWEEN DEATH	
the d			i h	IMMEDIATE CAUSE (6)	·	Cardiac	; Dec	compen	satio)II				
that by til			Candifions, if an	DUE TO	Anto	mi a s all av	n + 4 c	Voca	ul an	Renal D	inen	00		
er an			gove rise to in	nmediote (HI. CO	T.TOS C.T.	OLIC	VASC	urar.	HOHAL D	Laca	ರಿಕ		
requient sign			cause (a), stating t lying couse last.	he under-										
pricion per pricio		CATION	PART 11. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE CONDI	TION GIVI	EN IN PART 1(0)	19 WAS	AUTOPSY DRMED?
The I y Phy has has may	100													ио 💽
IAN: ending ficate the bu	*Drr	CERTIFI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206 DESCRI	BE HOW INJURY OF	CURRED	(Enter noture o	finjuty in P	orl 1 or Port II of ite	m 1B.)			
AYSIC or ath		MEDICAL	20c. TIME OF INJURY Have o.m.	Month, Doy, Yea	While	Not while	20e PLACI foctor	E OF INJURY (Home, farm. bldg., etc.	20f (City or town)	(County	')	(Stole)
G PE		×	p. m.		at work [9 17	47	C.	1 22	47			
ENDIN he has R: Afte ached burial,	,		alive an Send	at I attended the										
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d by			ACTUAL	Kurh	wit		M.I	227	Pine	St., C	embr	idge.	Md.	9-23-6
o de la	1			C D	, , ,	4 M D						an ann an Santin an public go ga		
sha stro			PHYSICIAN'S J.	Edwin F										
HOSI nay kr Fer dage 3		220	BURIAL CREMATION REMOVAL (Specify) BUT 1 a 1	9/26/	4 -	2c. NAME OF CEME Madisor				22d LOCATION (CH		or-Md.	(Stol	e)
0 0 0 0		23.	FUNERAL DIRECTOR		7	ADDRESS					24Ь, REGIS	TRAR'S SIGNAT		
VS A15 (4) 15M 9/55		1	uches X/1	CH las	/CGB	mbridge,	Md.		DARGT	4 '61	Cirth	on 2 than	l.	
		9	300	600	1									



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE & MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Porchester Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! fown) write RURAL and give nearest town) 8 Cambridge 30 years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address). d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 302 Leonards Lane 302 Leonards Lane YES NO K 3. NAME OF Ferst M.ddla 4. DATE DECEASED ar death, If a the (Type or print) Walter DEATH Frownlow Pritchett Sept. 7, 1961 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 wit last birthday. and 2 2 hour February 19,1907 54 yrs. Male WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY 11, BIRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Shipping Clerk in Can Magg. Plant. Johnson City. Tenn. U.S. pages | within Give Pag 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mark N. Pritchett Clara Brownlow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) : (If yes give warpr deles of service) Nο 218-20-6170 Mrs. Fvelyn S. Pritchett, 302 Leonards Lane, Camb., 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] a along a 10 Min. PART I, DEATH WAS CAUSED BY: occlusion Coronary IMMED, ATE CAUSE (a) pencil Office al **DUE TO** ·emoval, burial Conditions, if any, which (b) gave rise to immediate cause (TO **DUE TO** 88 (a), stating the underlying Examiner cremation, PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 14 19, WAS AUTOPSY PERFORMED? Pa Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. Chief age to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, streat, offica bldg., atc.) Hour a.m. While Not While forwarded to the L DIRECTOR: Pa at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔣 Inquiry and in my opinion agent, death resulted from, Natural causes X. Suicide Accident | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 **EXAMINER'S** NAME (Type) John Mace Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Dorchester Memorial Park 40 Cambridge, Md. ADDRESS 248. REC'D BY REGISTRAR I 245. REG STRAR'S SIGNATURE VS. A15ME Cambridge 5M 7/59 SEP 1 5 '61 arthur & Kraus



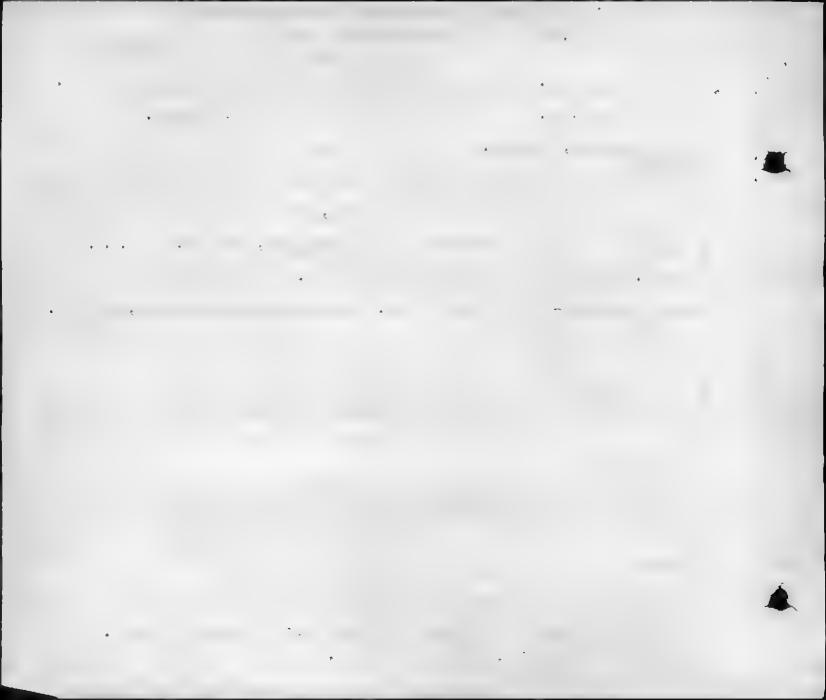
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0167 CER	TIFICATE OF	DEATH
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	449014343
RESIDENCE (Where deceased lived.	If institutions Residence before admiss

1. PLACE OF DEATH o. COUNTY		2, USUAL RESIDENCE (W)	nere deceased lived. If ins b. COU		ere admission)			
Dorchester Co.	MARYLAND	Maryland Dorchester Co.						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	iutside carporate limits, wr					
East New Market. Md.	13 Years	East New	Market Mary	land.				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?			
East New Market, Maryland	i.	None			YES NO			
3. NAME OF First	Middle	Lost	4. DATE OF	Month Do	y Yeor			
(Type or print) Emerson	Garroll	Richards	DEATH	9 7	19 61			
5 SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In y lost birthd		IF UNDER 24 HRS			
Male White WIDOWE	D DIVORCED	May 8, 1882		yrs, Months Days	Hours Min.			
100 USUAL OCCUPATION (Give kind of work done 10b.)	KIND OF BUSINESS OR INDU			12. CITIZEN C	OF WHAT COUNTRY?			
during most of working life, even if retired)	1k	01	1 1/ 2					
Carpenter) C	contractor	14 MOTHER'S MAIDEN N	ek, Maryland	l!U-S-	A			
		THO THE STANDER	ACIAIT.					
John S. Richardson		Mary E. A	splen					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no. or unknown) (If yes, give wor or dotes at service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address				
Mexian Border 1916- 1917	None Mr	William Ric	hardson, Bal	timora. Ma	rrcland.			
1B. CAUSE OF DEATH [Enter only one couse per line				INT	FRVAL RETWEEN			
PART I. DEATH WAS CAUSED BY:	minoma	of Jun	ri .	ON:	Known			
IMMEDIATE CAUSE (o).	Ciffolita	4 1001	y		Ir. Mowel			
100								
Canditions, if any, which (b)								
cause (a), stating the under-								
lying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART I(o)	PERFORMED?			
[8]					YES NO NO			
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port 1 or Port II of item 18)				
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 of work	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City ar town)	(County)	(State)			
Hour o.m. 19 While of work	TAOL MILLS	ctory, street, office bldg., etc	1		•			
21. I certify that I attended the decease	- 10 - 1	3 , 196/, 105e	m 7 10	ELthat I last so				
6.4								
alive on 19.1	al, and that death	accurred at 2.17			te stated above.			
ACTUAL OF THE ME	Jan.		ADDRESS (Street, city or to	own, store	DATE SIGNED			
SIGNATURE CLUTCO / 1	cerement	M.D.	-0 Cus1	<u> </u>	7/7/6/			
PHYSICIAN'S	72.00-1-4	4.	1 .1-	1	1-1			
NAME (Type) LEWIS 191,	Duraell	ϵ (10)	mbriage		79			
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, lo	wn, or county)	(Stote)			
Burial 9/9/1961	Dorchester M	emorial Park	Cambrai des	Maryland.				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATU	RE			
Le Compte Funeral Service,	Cambridge. Ma		EP 1 5 '61	O Thun & He.				
		DAIE		20 700				



CERTIFICATE OF DEATH 10168 Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY be filed MARYLAND Dorchester Co. Marryland Mi comi co Co. death. era b. CITY OR TOWN (If outside carporote limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and alve nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) should Cambridge Maryland 5 T

d. NAME OF HOSPITAL (IF not in hospital, give street address)
OR INSTITUTION Salishury. Marvland d STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO 109 Locust Street Cambridge Maryland Hospital NAME OF 4. DATE Middle Lost Month Yeor Doy DECEASED OF DEATH (Type or print) 1861 ij James М. Rippons 0 within 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys Hours Min WIDOWED [7] DIVORCED | Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? oud State Roads Dept. State Roads Dept. Hoopersville, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas C. Rippons Mary Dean 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes WW-2 Unknown Mrs. James Rippons. 109 Locust St. Salisbury Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. 60 IMMEDIATE CAUSE (6) **DUE TO** reguires that permit. Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underoug lying couse lost. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal. PERFORMED? YES INO IX 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work of work p. m 19(1) that I last saw the deceased 21. I certify that 1/attended the deceased fram... oched and that death accurred at 1:70 M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE pinoi PHYSICIAN'S NAME (Type) 22d LOCATION (City, town, or county) FUN 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ó 1961 Cambridge. Maryland Dorchester Memorial Park 0 ADDRESS 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service, Cambridge, Maryland. Colour S. Frank V5 A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if Institution; Residence before admission) a. COUNTY Page a. STATE **b.** COUNTY director. Pag-Dorchester Co. MARYLAND Dorchester Co. h CITY OR TOWN (if oals de corporate imils, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I mils, write RURAL and give nearest town) write RURAL and give nagrasi town Andrews, Md. 5 Years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Board Andrews, Md. jo d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO Andrews, Md. Andrews. Md 3. NAME OF Ford Middla 4. DATE Year Month ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the vacute the certificate, writing the word "pending" in pencil in tem 18. Gimm Pages 1, 2, and 3 to the 1 be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reface to TRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the Standarded somet, prior to burial, cremation, or removal, and in any event, within 72 hours after deals consistent deals. DECRASED OF (Typa or print) DEATH Robbins 19 61 Dunn Sept. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF JNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED [DIVORCED 1892 Female sept. 6 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gir country) 10a. JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife None Bivalve, Md. U.S.A. 13. FATHER'S NAME William H. Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Malissa Colburn (Yas, no, or unkown) | (If yes giva war or dalas of service) William Merritt Robbins None. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH Coronary occlusion Instant IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata cause DUE TO (a), sletting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART 1(a), 19. WAS AUTOPSY PERFORMED? NO X YES 20b. DESCRIPE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stace) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER 10/2/61 DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER TO EXAMINERS Cambridge, Md. NAME (Type) John Mace Jr. should M.D. Address (Street, city, town, or county) 220. BURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 ö Burial Dorchester Mem. Park Cambrodge 24a. REC'D BY REGISTRAR I 23. FUNERAL DIRECTOR 246. REGISTRAR'S SIGNATURE DATE OCT 6 Cambridge, Md. Chilles S. Haus LeCompte Funeral Service 5M 7/59



director, filed with filed ofter death pe Plo DO 9 attending paub 늉 Heolth RECTOR

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - B	ALTIMORE 1. MAR

DIVISI YLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Dorchester Maryl and Talbot b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10vr Lmo 17dats Oxford Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Eastern Shore State Hospital YES TO NO TO NAME OF Middle lost 4. DATE Month Year DECEASED George (Type or print) Roth DEATH 1961 September 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF JNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Hours WIDOWED | DIVORCED [Male White 10a, USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Maryland II.S.A Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August C. Roth Margaret Ring IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Eastern Shore State Hospital RECORDS: no 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (of Pulmonary Embolus 9 hours DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(0) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis YES NO TH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work the deceased from 7-1, 1959, to 9-21, 1961, that (1) (verslast 1961 and that death occurred at 6500, from the causes and on the date stated above. 1961 , that (1) (VEK last 21 | certify that ((100000000) ottended the deceased from. saw the deceased alive on 22º SIGNATURE SIGNED ATTENDING MED DIRECTOR STAFF PHYS PHYS Superintendent 22c. PHYSICIAN'S 22d ADDRESS NAME (Type)

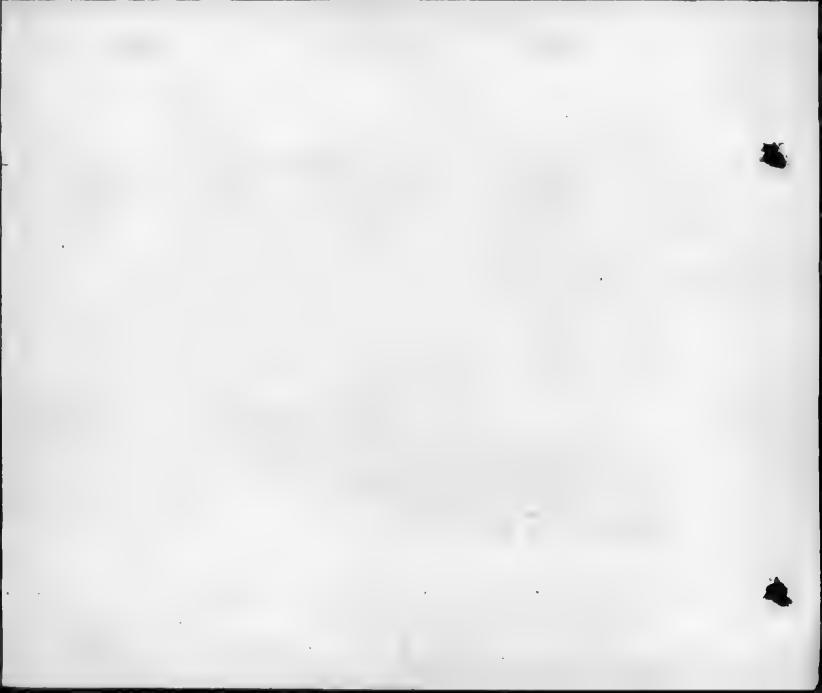
Eastern Shore State Hospital, Cambridge, Md. EMETERY OR CREMATORY 23K/DATE THEREOF 23c NAME OF ADDE

George H. Longley,

23d LOCATION (City, Jown or calulity)

250 REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

40484

1 PLACE OF DEATH o. COUNTY	T. S. T.	MARYLANI	o. STATE	DENCE (Where decea	sed lived. If institut		efore odmys	on)
DORCHE	TER		1-1451/			VENI		
b CITY OR TOWN (If outside RURAL and give nearest to	corporore limits, write	c. LENGTH OF STAY IN 11		OWN (If outside corp	•	RAL ond give n	nearest fown;	
CAMBRIDGE		3WEEKS		ERTOWN	7	142;	-	
d. NAME OF HOSPITAL (If no OR INSTITUTION ,		*	d. STREET A				e. IS RESI ON A	
FASTERN SHORE	STATE HOS	PITAL	1015	MILL S	7		YES 🗌	NO K
3 NAME OF DECEASED	First	Middle	los	OF	61	nth .		eor
(Type or print) BENJ	ANNIN /	RANKLIN	JHIN	*		1200	1	941
S SEX 6. CO	OR OR RACE 7. MARI	RIED NEVER MARRIED	B DATE OF BIRTS	4	9. AGE (In years lost birthday)	Months Doys	_	R 24 HR5 Min
MALF WI	FITE WIDOW		1005.10	1871	\$9 yrs		110013	144117
10a USUAL OCCUPATION (Give during most of working life,	kind of work done 10b	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPC	ACE (State or foreign	country)	12 CITIZEN	OF WHAT CO	DUNTRY?
FARMEI	?	FARM	MA,	RULAND		US	A	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		,		
WILLIAM	D SHINN	J	1111	$\Delta / \langle xxx \rangle$	XXXXX/	Kenda	.11	
15 WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 17	INFORMANT		Add	iress		
(Yes. no, or unknown) (If yes, giv	wor or dotes of service)	19-34-3639	HOSPITA	L RECO	RDC			
18. CAUSE OF DEATH [En	ter only one couse per li	ne for (a), (b), and (c)]					NTERVAL BET	
PART I. DEATH WAS	CAUSED BY:	ARCHYMM	a Pros	TATE			WER 3	_
1	DUE TO							
Conditions, if ony, whi	ch) the A	RICULAR .	FIBRILL	TION				
gove rise to immedia	te Dus To	A I L V C · F A						
couse (a), stating the under lying couse lost.	K- (-)							
	UFICANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RELATED TO	THE TERMINAL DISEA	ASE CONDIT ON GE	VEN IN PART 1(o)	19. WAS A	UTOPSY
Ø W W W W W W W W W W W W W W W W W W W	~						PERFOR	RMED? NO [₹]
20a. ACCIDENT WAS UNDE	RLYING TI 20b. DES	CRIBE HOW INJURY OCCUP	RRED. (Enter noture o	f injury in Port Lor P	ort (I of item 18)		1120	110 121
OR CONTRIBUTING CAU	SE OF DEATH		,					
20c. TIME OF INJURY Mon	h, Doy, Year 20d, 1	NJURY OCCURRED 20e.	PLACE OF INJURY	Home, form, 20f (C	ity or town)	(Count	ly)	(Stote)
Hour o.m.	19 While		factory, street, office	bldg., etc.)				
		0 0	·A.12 12	20/ / /	SEPT 3	20/1	1 115 1	
21 1 certify that (J) (t								
saw the deceased ali 220 SIGNATURE	ve an _> F_P7	<u>2_19,61</u> , and tha	t death accurred	at [M, from	n the causes a	nd an the da		DATE
	A - 1	_ 1 ,	ATTENDING		STAFF PHYS [3]	8:00	- > ,	SIGNED
22c PHYS CIAN'S	orvan f	7-00	M.D. PHYS 22d. ADDRE	DIRECTOR [PHYS JA	JET!	131.7	401
NAME (Type)	-724 A.	-7 to	E C. L.				prog	. A a
MAKKY J.	LIANPO		1 > He	CALL !	OSTHAL-	LAMIS,	AHAGE	140
230 BURIAL, CREMATION 23b BEMOVAL (Specify)		23c. NAME OF CEMETER	-		TATION (City, town	wn Md	(Stote	1)
Burial 9	/5/61		Cemetery			<u></u>		
24. FUNERAL DIRECTOR'S SIGN	(TURE	. Chestertow	m. Md.	25a. REC'D BY REG	ISTRAR 2Sb REG	ISTRAR'S SIGNAT	TURE	
TILL	as Well	DITTO CEL CON	,	DATE 6 '6'	1 Chill	hun S. Franc	A	



y the funeral director, 12 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be the bound by the hospital or offending physician.

TO FUNE ... DIRECTOR: After this certificate has been signed by the ottending physician and completely fille mape 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 bours ofter death.

VR A1S (4) 15M 9/59

120

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10168

White WIDOWED DIVORCED 6-8-95 66 yrs Manths	e. IS RESIDENCE ON A FARM? YES NO Y Doy Yeor 196/ DER 1 YEAR IF UNDER 24 HRS
RURAL and give neorest lown) rural Cambridge d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Ea Stern Shore State Hospital 3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White WIDOWED DIVORCED B. DATE OF BIRTH 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 11a HOTHER'S NAME 11a. MOTHER'S MAIDEN MAME 11b. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	Doy Year Doy Year Doy Year ARRAY ARRAY
Eastern Shore State Hospital 3. MAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White WIDOWED DIVORCED B. DATE OF BIRTH OF DEATH 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 110 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. DATE OF DEATH 9 AGE (In yeors Inf UNDER INFORMANT) 19. AGE (In yeors Inf UNDER INFORMANT) 100 USUAL OCCUPATION (Give kind of work done) 101 USUAL OCCUPATION (Give kind of work done) 102 USUAL OCCUPATION (Give kind of work done) 103 USUAL OCCUPATION (Give kind of work done) 104 USUAL OCCUPATION (Give kind of work done) 105 USUAL OCCUPATION (Give kind of work done) 106 USUAL OCCUPATION (Give kind of work done) 107 USUAL OCCUPATION (Give kind of work done) 108 USUAL OCCUPATION (Give kind of work done) 109 USUAL OCCUPATION (Give kind of work done) 100 USUAL OCCUPATION (Give kind of work done) 100 USUAL OCCUPATION (Give kind of work done) 101 USUAL OCCUPATION (Give kind of work done) 102 USUAL OCCUPATION (Give kind of work done) 103 USUAL OCCUPATION (Give kind of work done) 104 USUAL OCCUPATION (Give kind of work done) 105 USUAL OCCUPATION (Give kind of work done) 106 USUAL OCCUPATION (Give kind of work done) 107 USUAL OCCUPATION (Give kind of work done) 108 USUAL OCCUPATION (Give kind of work done) 109 USUAL OCCUPATION (Give kind of work done) 100 USUAL OCCUPATION (Give kind of work done) 100 USUAL OCCUPATION (Give kind of work done) 10	ON A FARM? YES NO Y Doy Yeor 196/ DER 1 YEAR IF UNDER 24 HRS S Days Hours Min
(Type or print) SEX	PER 1 YEAR IF UNDER 24 HRS s Days Haurs Min
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White WIDOWED DIVORCED 6-8-95 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CI 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. OCLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 18. DATE OF BIRTH 9 AGE (In Meors Inf UNDER Manths) Manths 19 AGE (In Meors Inf UNDER Manths) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stole or foreign country) 12 CI 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. OCLOR OF UNITADOWN Address 17. MARRIED B. DATE OF BIRTH 18. DATE OF BIRTH 19 AGE (In Meors Influence	DER 1 YEAR IF UNDER 24 HRS S Days Haurs Min
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10a USUAL OCCUPATION (Give kind af work done of the first of the control of the c	
during mast af working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Tex. no, or unknown] 16. SOCIAL SECURITY NO. 17. INFORMANT Address	USA
GEOVER STONE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT To no, or unknown) To yes, give wor or dodes of service)	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] Tryes, give wor or dottes of service)	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] Tryes, give wor or dottes of service)	
	7995 1114
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	ONSET AND DEATH
PART I DEATH WAS CAUSED BY: Cetebral Haemorrhede	Unk
DUE TO	
Canditians, if any, which) (b)	
gove rise to immediate Distriction	
lying cause lost.	
4 _ - - - - - - - - - 	ART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO NO
feetens short effice blds otal	(County) (State)
Hour o. m. While Not while of wark of work	
3	G.L. that (I) (we) lost
sow the deceased alive and 2 17 1961, and that death occurred at AM, from the causes and on the	
220 SIGNATURE	22b DATE
The mas .T. Dedale - MD ATTENDING MED. STAFF MED. DIRECTOR DIRECTOR PHYS W	9-10 - SIGNED
22c. PHYSICIAN'S 22d. ADDRESS	100
MANUE IT AFTER TO THE TOTAL TOTA	6.5
NAME (Type) Thomas J. Dredge, M.D. E.S.S. Hospital, Cambridge, M	1d.
NAME (Type) Thomas J. Dredge, M.D. E.S.S. Hospital, Cambridge, M. D. 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or country EMOVAL (Specify)	
230 BATAL, CREMATION, 23b. DATE THEREOF LOS NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, towns of county	ma (State)



MARYLAND STATE DEPARTMENT OF HEALTH ARYLAND

0.4	_DIVISION :	OF STATISTICAL	RESEARCH	AND	RECOR	DS —	BALTIM	ORI
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ΠŢ	73	CE	RTIFICAT	TE OF	DEATH	

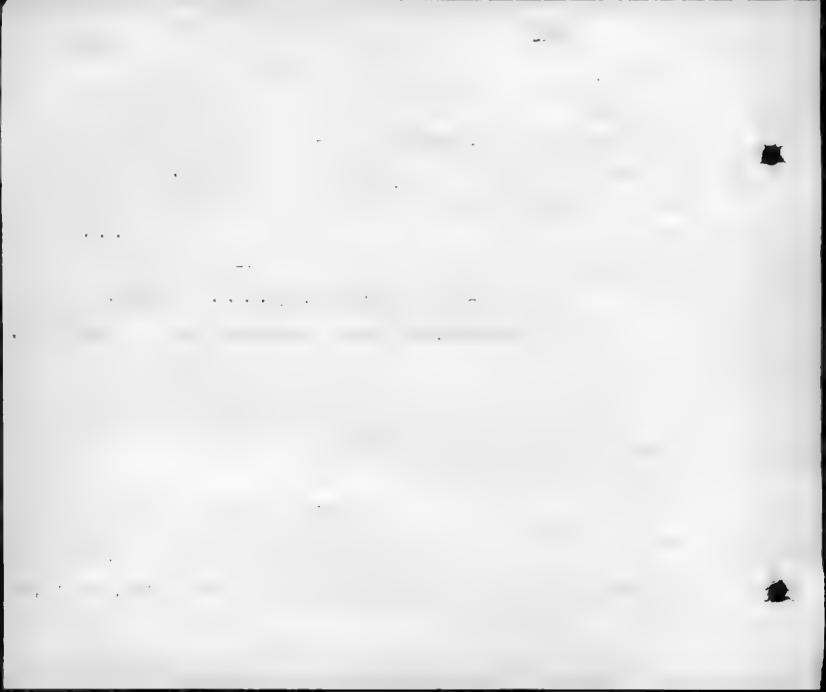
10169

										-		
1 PLACE OF DEATH o. COUNTY Dorchester b CIV OR TOWN (If outside corporate limits, write RURAL and give negrest town) rural Cambridge 18 yrs 5 mos					2 USUAL RESIDENCE (Where deceased lived (f institution Residence before admission) a. STATE Maryland b. COUNTY Kent							
					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galona							
OR INSTITUTIO	PITAL (If not in hospitol, on Ore State Ho				d. STREET ADDRESS		-		I ON	RESIDENCE A FARM?		
3 NAME OF DECEASED (Type or print) [3]	me s	st	Middle	Wa	lost	4. DATE OF DEATH	Sept.	nth	Pay Day	Year 161		
s sex	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED E	B. D.	10/15/186	9	9 AGE (In years 91 birthdoy) yrs		YEAR IF UN Days Hou			
100 USUAL OCCUPA during most of v	TION (Give kind of work orking life, even if retired	done 10b. KIND C	F BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State Maryland		ountry)		S A	T COUNTRY?		
Jamas W	alls			14	L MOTHER'S MAIDEN	NAME						
IS WAS DECEASED (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dotes of s			INFOR	MANT Al Records,	E.S.S.		iress i þtr idge	, Md			
Canditians, is gave rise to cause (a), statillying couse la	immediate DUE TO)	BUTING TO DEATH E	BUT NO	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	VEN IN PART	PER	S AUTOPSY FORMED?		
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUP	RRED. (E	nter noture of injury in	Part I or Por	t 11 of stem 18.}		7 765			
20c. TIME OF IN.	10	While N	OCCURRED 20e of while work	PLACE factory,	OF INJURY (Home, farm street, affice bldg., etc	n, 20f. (City	or town)	{C	ounty)	(State)		
	hat (I) (this haspita				2/12/ 3 3 19	M, fram				(we) last ed abave		
22a SIGNATURE	Sirrecte	line	me -	M D	ATTENDING MPHYS D	NED RECTOR	STAFF PHYS			22b, DATE S GNED		
22c. PHYSICIANI NAME (TS)	mon Virku	tis	9		Eastern St	ore S	State Hos	pital	Cambr	idgo, M		
230. BURIAL CREMA BREMOVAL (Spec	9-6-6	0/ \$	NAME OF CEMETERY	OR CR	ctery	GA	LENA,	KENT	Co., 1	igte)		
E CLUC	or's signature	reter Is	DORESS	HC.	DATE S!	D BY REGIST	. 4	ISTRAR'S SIG				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs offer death. Page 4 may be an another than the hospital ar attending physician.

TO FUNE CONTROL OR After this certificate has been signed by the attending physician and campletely filler by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 11-73 2 should be filed with the State Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 haurs after depart.

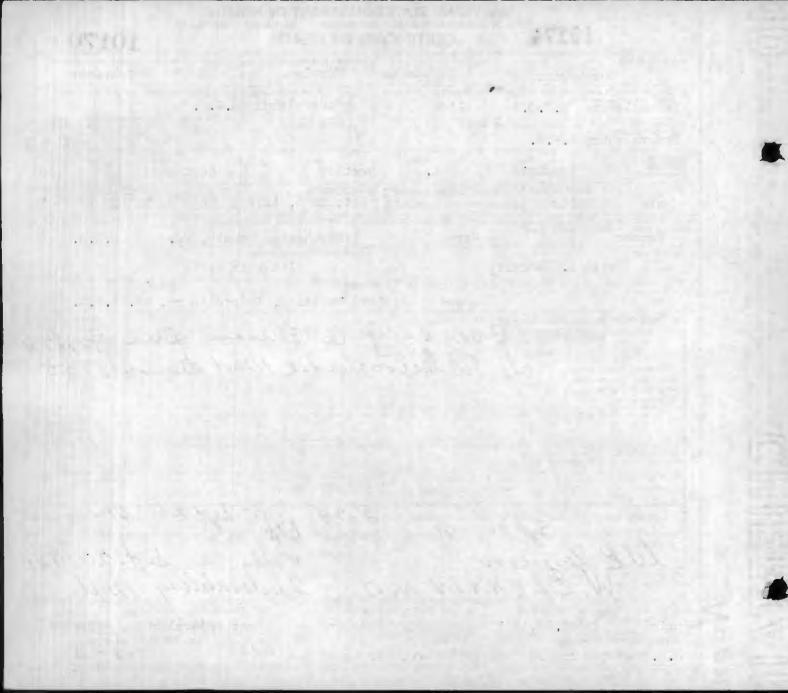
VR A1S (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 10174 CERTIFICATE OF DEATH

1. PLACE OF I			MARYL	AND	2. USUAL RESIDENCE o. Waryland		l lived, If institution b. COUNTY				on)		
b. CITY OR RURAL or Feder	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give pearest town) Federal sourg R.F.D. Life					Federalsburg R.F.D.							
d. NAME OF INST	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Federal Sourg R.F.D.					d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\bigcircle{\chi}\) NO \(\bigcircle{\chi}\)							
3. NAME OF DECEASED (Type or pri	nt) Brooks:	-	Middle L.	Wh	eatley	4. DATE OF DEATH	Septemb		26		eor 9 61		
5. SEX Male	6. COLOR OR RACE White	7. MARRII	DIVORCED	Ы	October 6,	1877	9. AGE (In years lost birthday) 83 yrs.	Months 2		Hours Hours	R 24 HRS Min.		
during ma	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Farm					Dorchester County, Md. U.S.A.							
IS. PATHER'S P	Isaac L. Whe			14. MOTHER'S MAIDEN NAME Elizabeth Davis									
15. WAS DECE (Yes, no, or unknown)	ASED EVER IN U. S. ARMED FOR		None		ormant rl Wheatle	y, Feder	Additalsburg,		R.F.	D.			
gove ri cause (o) lying co	DUE TO DOS., if ony, which See to immediate , stating the under- use lost. OTHER SIGNIFICANT CON	10	ONTRIBUTING TO DEAT		Clerotie		+ Desc			WAS A PERFOR	SWEDS		
OR CONTI	DENT WAS UNDERLYING TRIBUTING TO CAUSE OF DEATH, NOTIFY MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury	in Part I or Part	II of item 18.)						
	OF INJURY Manth, Day, Ye o.m. 19	or 20d, IN While at work	Not while	PLAC fack	CE OF INJURY (Home, I ory, street, office bldg.,	form, 20f. (City etc.)	ar tawn)	(Co	ounly)		(Stote)		
	deceased alive on	1) attende 1.22	11	-	ath accurred of	1923 . land	the causes an	d an the		stated	ve) last abave.		
22c. PHYS	U. E Jenn	EN.	NON h	1. 4	D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR D	ablus	yt.	26	19	SIGNED		
23g. BURIAL, C REMOVAL Burial			23c. NAME OF CEMET				Federals		Mar	(Stote ylan			
	ramptom and Son	n Fed	ADDRESS leralsburg,	Mar		REC'D BY REGIST		STRAR'S SIGI					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 10175 Rea. Dim. N director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND Dorchester, Co. Maryland Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) be RURAL and give nearest lown) Cambridge, Maryland. Life Cambridge. Maryland. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital 209 Rambler Road YES NO T NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH S. Willey (Type or print) Perry 6 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS Months Doys Hours DIVORCED [7] 2/10/1897 Male White WIDOWED T 64 711 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND CS MANY SER INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Eastern Shore Pilbic U.S.A. Line Foreman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Willey Eugenia Wroten 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address No No Mrs. Perry Willey 209 Rambler Road Cambridge. Md. 214**-**07-7560 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 04. DUE TO ۵ Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED Lenter nature of Injury in Part 1 or Part II of item 18.) certificate b 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slale) factory, street, office blog., etc.) Hour o. m. While Not while of work of work 19.6. Lithat I last saw the deceased 21. I certify that / attended the deceased from alive on M, from the causes and an the date stated above DIRECTOR: ADDRESS (Street, city 0 ACTUAL pinou PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, fown, or county) E BREMAYA' (Specify) YDE Dorchester Memorial Park Cambridge, Maryland.

ADDRESS

Le Compte Funeral Service Cambridge, Md.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arthur S. Thouse

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

after death; Page

within 24

requires that

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